MULTIPLE DEPENDENT CLAIM FEE CAL ATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

AFTER

DEP.

CLAIMS

	AS FILED		AFTER L'AMENDMENT		AFTER				AS FILED		AFTER		AFT 2 AME	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	İ		IND.	DEP.	IND.	DEP.	IND.	_
1							ĺ	51			ATTE.	DEI.	IND.	┨
3							ĺ	52						1
4								53						1
5								<u>54</u> 55						1
6								56					 	4
7								57						+
8							l	58					 	+
9								59						t
10 11								60						1
12								61						Ι
13								62						1
14								64						1
15					· ·			65						ļ
16								66						t
17								67						t
18								68						t
19 20								69						I
21								70 71						ļ
22								72						╀
23								73						╀
24							1	74						t
25								75						t
26							J	76						
27 28							}	77						L
29							ŀ	78 79			—— <u> </u> -			┞
30							ı	80	-					⊦
31								81						H
32								82						Ľ
33							į	83						L
34 35							ŀ	84 85						L
36							H	86				-		┝
37							1	87						┢
38							Ī	88						Γ
39				I				89						L
40							1	90						H
41 42				- 1				91						\vdash
43		- 1					H	93				 -		Н
44					· ·		f	94	-+				+	Γ
45							Ī	95						
46								96						⊢
47							-	97						_
48							ŀ	98 99				<u> </u>		_
50						. 	ŀ	100	 -					_
TAL IND.	2	4		1		-	ļ,	TOTAL IND.		4		1		_
TAL DEP	14	(=		(-	, [OTAL DEP		←		(4
TOTAL CLAIMS	6							TOTAL CLAIMS						3
PTO - 1360 (REV. 11/04)									S. DEPARTA			·	